

Part I

General Information

1

Name of organization
CITIZENS FOR DEBRA RINGOLD

Employer identification number
93-1275218

2

Mailing address (P.O. Box or number, street, and room or suite number)
2397 NW KINGS BLVD, PMB #304

City or town, state, and ZIP code
CORVALLIS, OR 97330

3

E-mail address of organization
DEBRA@DEBRARINGOLD.COM

4a

Name of custodian of records

DEBRA RINGOLD

4b

Custodian's address
2397 NW KINGS BLVD, PMB #304
CORVALLIS, OR 97330

5a

Name of contact person

DEBRA RINGOLD

5b

Contact person's address
2397 NW KINGS BLVD, PMB #304
CORVALLIS, OR 97330

6

Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
SAME

City or town, state, and ZIP code

Part II

Purpose

7

Describe the purpose of the organization
CAMPAIGN FUNDRAISING

RECEIVED

671

AUG 01 2000

IRS-OSC

OGDEN, UT

Part III List of All Related Entities (see instructions)		
8a Name of related entity	8b Relationship	8c Address
NONE		

Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)		
9a Name	9b Title	9c Address
DEBRA RINGOLD	PRESIDENT	2616 NW LUPINE PLACE CORVALLIS, OR 97330
VERNON BOWLBY	TREASURER	2397 NW KINGS BLVD, PMB 3304 CORVALLIS, OR 97330
HANS NEUKOMM	DIRECTOR	1615 NW WORDEN CIRCLE CORVALLIS, OR 97330
O.R. ADAMS	DIRECTOR	408 SW MONROE AVE., SUITE 111 CORVALLIS, OR 97330
JIM SCHWEIGERT	DIRECTOR	2701 NW SATINWOOD ST. CORVALLIS, OR 97330

Sign Here

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of authorized official

07/27/00

Date

STF FED9137F.2

Form 8871 (7-2000)